

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-027137

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 13 Primary Registration District No. 3003 Registrar's No. 81

FILED JUL 19 1963

1. PLACE OF DEATH a. COUNTY <b>BARRY</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MO.</b> b. COUNTY <b>BARRY</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>MONETT</b>		c. CITY OR TOWN <b>R.F.D. CASSVILLE</b>	
Length of stay in lb <b>4 days</b>		Inside Limits <b>Yes</b> <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>ST. VINCENT'S HOSP.</b>		d. STREET ADDRESS (If outside, give location) <b>FLAT CREEK TWP.</b>	
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm <b>Yes</b> <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) <b>JESSE FLOYD GARNER</b>			4. DATE OF DEATH <b>JULY 13, 1963</b>		
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>8/15/91</b>	9. AGE (last birthday) <b>72</b>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farming</b>		11. BIRTHPLACE (City and state or country) <b>Eagle Rock, Mo.</b>	
12. CITIZEN OF WHAT COUNTRY <b>USA</b>		13a. FATHER'S NAME <b>Frank Garner</b>		13b. MOTHER'S MAIDEN NAME <b>Ehlen Dell</b>	
14. NAME OF HUSBAND OR WIFE <b>Goldie Reed Garner</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>Goldie Garner, R.F.D. Cassville, Mo.</b>	
17. INFORMANT <b>Goldie Garner, R.F.D. Cassville, Mo.</b>		18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cerebral Hemorrhage, massive</b> DUE TO (b) <b>ASHD - cerebral arteriosclerosis</b> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) _____		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. _____		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY		STATE	

21. I attended the deceased from <b>8-19-63</b> to <b>7-13-63</b> and last saw her him alive on <b>7-13-63</b> Death occurred at <b>4:25 p.</b> m on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) <b>Charles H. Price M.D.</b>		22b. ADDRESS <b>Cassville, Missouri</b>	
22c. DATE SIGNED <b>7/15/63</b>		22d. LOCATION (City, town, or county) <b>Barry Co., Mo.</b>		22e. STATE <b>Mo.</b>	

23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>7/15/63</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Russell Cemetery</b>	
23d. LOCATION (City, town, or county) <b>Barry Co., Mo.</b>		23e. STATE <b>Mo.</b>		23f. DATE RECD. BY LOCAL REG. <b>7-15-63</b>	

24. FUNERAL DIRECTOR <b>D.E. Williamson, Cassville, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>7-15-63</b>		26. REGISTRAR'S SIGNATURE <b>Mrs. P.N. Cook</b>	
--	--	--	--	--	--

27. AMENDMENTS ON THIS RECORD ARE AS FOLLOWS		28. AMENDMENTS ON THIS RECORD ARE AS FOLLOWS		29. AMENDMENTS ON THIS RECORD ARE AS FOLLOWS	
--	--	--	--	--	--

30. AMENDMENTS ON THIS RECORD ARE AS FOLLOWS		31. AMENDMENTS ON THIS RECORD ARE AS FOLLOWS		32. AMENDMENTS ON THIS RECORD ARE AS FOLLOWS	
--	--	--	--	--	--

33. AMENDMENTS ON THIS RECORD ARE AS FOLLOWS		34. AMENDMENTS ON THIS RECORD ARE AS FOLLOWS		35. AMENDMENTS ON THIS RECORD ARE AS FOLLOWS	
--	--	--	--	--	--

36. AMENDMENTS ON THIS RECORD ARE AS FOLLOWS		37. AMENDMENTS ON THIS RECORD ARE AS FOLLOWS		38. AMENDMENTS ON THIS RECORD ARE AS FOLLOWS	
--	--	--	--	--	--

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

JUL 23 1963

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Wyle E. Ellison

Licensed Embalmer No. 4883

P. O. Address Cassidy, Mo.

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a **STUDENT**, he also shall sign in his **OWN** handwriting.

If this body is not embalmed, fact should be so stated above.